

HEALTH CAREERS CLINICAL EVALUATION

NAME _____

DATE _____

HEALTH CARE FACILITY/DEPARTMENT _____

PLEASE CHECK THE STATEMENT THAT BEST APPLIES

****EVALUATION DUE BY LAST DAY OF ROTATION!**

COOPERATION:

- _____ Cooperates willingly at all times
- _____ Usually cooperates with others
- _____ Often indicates resentment toward cooperating with others
- _____ Unwilling to cooperate with others

DEPENDABILITY:

- _____ Reports to job station on time
- _____ Absent – notifies job station
- _____ Absent – does not notify job station
- _____ Absent frequently

PERSONAL APPEARANCE:

- _____ Always neat, wears appropriate attire and name tag
- _____ Usually neat, occasional inappropriate attire with no name tag
- _____ Frequently lacks appropriate attire and name tag
- _____ Overall appearance needs improvement

INTEREST IN SPECIFIC OCCUPATION / JOB STATION:

- _____ Appears interested in occupation and asks questions about it
- _____ Appears interested but no questions asked
- _____ Appears easily distracted, wastes time
- _____ Appears disinterested

ATTITUDE:

- _____ Self-motivated, enthusiastic, welcomes constructive criticism
- _____ Open-minded, accepts constructive criticism
- _____ Lacks initiative but follows directions
- _____ Poor attitude, reluctantly accepts criticism

COMMENTS:

Evaluated by _____

Date _____

Student Signature _____

Date _____